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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION**

Peru

SUMMARY

The Executive Director recommends that the Executive Board approve the country programme of Peru for the period 1996 to 2000 in the amount of $5,380,000 from general resources, subject to the availability of funds, and $40,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Peru has a population of 23.3 million, with 70 per cent living in cities and about one third concentrated in Lima. Almost one half of the population - 11.5 million people - are poor, and one fifth - 4.7 million persons - live in extreme poverty. Poverty, which is concentrated in rural Andean and marginal urban areas of Lima, affects mainly children and women and especially recently displaced families.

2. The current country situation contrasts dramatically with the situation five years ago of hyperinflation, terrorism, forced migration and a sense of hopelessness. Today, there is a sense of optimism and commitment towards improving the economy and recognizing the urgent need to address poverty. Inflation has declined from 10,328 per cent annually in 1990 to 16 per cent in 1994. The growth in gross domestic product (GDP) was the highest in Latin America in 1994, reaching 12.7 per cent. Social investment has increased steadily, reaching 40 per cent of the national budget and 4.6 per cent of GDP in 1995. However, an effective social policy and programmes are needed to improve the quality of life and to reduce poverty.

3. Ratification of the Convention on the Rights of the Child in 1990 and the enactment of the innovative Code for Children and Adolescents (CCA) in 1993 have enhanced the prospects for child survival, development and protection. Peru has submitted its initial report to the Committee on the Rights of the Child. The Committee has noted that, among other issues, there is a serious problem regarding the right to a name and a nationality. According to the Ministry of Justice, every year about 110,000 newborns are not registered, accounting for 17 per cent of total births. Progress is being made as a result of advocacy and promotional registration campaigns and by streamlining administrative procedures and providing the original birth certificate free of charge.

4. The 1992-1995 National Plan of Action (NPA), which incorporates the mid-decade goals and the goals of the World Summit for Children, has served as an effective advocacy tool to mobilize society in favour of children. Achievements include the certification of polio eradication; universal child immunization (UCI); the control of measles; the decline of diarrhoeal diseases in children under five years of age; and the control of a cholera epidemic. Use of oral rehydration therapy (ORT) increased to 62 per cent in 1994. Seventy mother- baby-friendly hospitals were certified in 1995, and breast-feeding is being promoted nationwide. The universal salt iodization goal also was achieved in 1995, leading towards the elimination of iodine deficiency disorders (IDD) by the year 2000. NPA goals to be achieved by the year 2000 include the elimination of neonatal tetanus, the control of acute respiratory infections/pneumonia, maternal mortality reduction, and the reduction of moderate and severe malnutrition and vitamin A and iron anaemia deficiencies, as well as the goal of Education for All (EFA).

5. Infant and under-five mortality rates (IMR and U5MR) have been decreasing steadily during the past two decades, from 80 and 100 to an estimated 41 and 58 per 1,000 live births, respectively. Despite those reductions, 36,000 children under five years old die annually, and regional variations in mortality are significant. IMR is 21 per 1,000 live births in urban Callao and 96 in Huancavelica, with pneumonia, perinatal problems, diarrhoea and malnutrition among the leading causes. Over the last two decades, chronic malnutrition has remained at approximately 37 per cent for children under five years old. Low coverage of safe water supply and sanitation services and poor hygiene practices remain widespread problems nationwide.

6. The maternal mortality rate (MMR) is among the highest in the region at 200 per 100,000 live births. Immediate causes include haemorrhage, septicaemia, toxaemia and abortion. One Andean region reports an MMR above 500. Forty-eight per cent, i.e., 300,000 newborns annually, are delivered at home by untrained midwives or relatives. Cultural practices and the lack of access to prenatal and obstetric care, family planning and poverty, particularly in rural areas, are underlying and basic causes of these situations.

7. The Peruvian Constitution recently made preschool education for five-year-olds compulsory. However, coverage is still only about 50 per cent. Primary school enrolment is 95 per cent, but in the first three primary grades, three out of four children repeat at least one grade. On average, a child requires nine years to complete the six grades. The school system emphasizes teaching practices rather than child learning achievements and the country's rich regional socio-cultural diversity. Many schools lack adequate facilities despite the addition of some new schools. The national illiteracy rate is 14 per cent, but functional illiteracy is 28 per cent. Illiteracy affects mainly women in Andean rural areas, but due to rural-urban migration, Lima also has high female illiteracy.

8. According to the 1993 national census, 389,000 children 6-11 years of age neither study nor work. One half of them remain at home to care for younger siblings and/or perform domestic chores. Approximately 81,000 children between those ages work as street vendors in hazardous environments, constantly exposed to exploitation and abuse. There are no reliable estimates of the number of street children, known as "pirañitas", although there do not seem to be very many. Children suffering from psychological trauma resulting from armed strife and violence or forced migration are another high-risk group. Most of those children live in the marginal urban areas of Lima and central Andean cities.

9. During the past 20 years, Peruvian women coped with severe economic adjustment measures by organizing themselves into about 20,000 community organizations such as Community Kitchens, Glass of Milk Committees and Mothers' Clubs. They are important partners of UNICEF in social mobilization, women's empowerment and community participation in decision-making for basic health and education, as are churches, local governments, communicators and the media.

10. As the NPA is part of the National Poverty Reduction Strategy (NPRS), there will be a strong linkage between achievement of the decade goals for children and poverty reduction. In particular, achieving and sustaining the decade goals for child and maternal survival would contribute to both the poverty reduction effort and implementation of the Convention on the Rights of the Child.

PROGRAMME COOPERATION, 1992-1995

11. UNICEF supported the formulation of the 1992-1995 NPA and helped to establish a monitoring commission and strengthen the statistics units of the Ministries of Health and Education. A national system of social indicators was established with the National Institute of Statistics. Sustainable social planning was strengthened with the creation of poverty, social investment and health maps by department in an effort to assist the Government in the design and implementation of social policies. "The State of Peruvian Children" has been published annually since 1992. Provincial plans of action for children have been formulated and partially financed in Cajamarca, Trujillo, Arequipa and Cusco.

12. The achievements in UCI reflect strong, sustainable efforts under the Ministry of Health as well as technical and financial support from a partnership of the Inter-agency Coordinating Committee comprised of the Pan American Health Organization/World Health Organization (PAHO/WHO), the United States Agency for International Development (USAID), Rotary International and UNICEF. UNICEF supported regular vaccination in health centres, three national vaccination days held annually since 1985 and outreach vaccination brigades working in remote rural areas. Forty-four per cent of women of child-bearing age were vaccinated against tetanus; special assistance covered 94 of 196 high-risk districts. All immunization activities were supported by mass media campaigns in collaboration with leading advertising agencies, television and radio stations, and women's organizations nationwide.

13. As a result of complementary efforts between the health services and communities, under-five mortality due to diarrhoeal dehydration has decreased, and the cholera case fatality rate remained below 1 per cent. UNICEF helped to create a network of 15,000 community oral rehydration units and to train 3,000 health workers and 18,000 community volunteers. Local production of oral rehydration salts (ORS) has been supported through the procurement of raw materials.

14. To reduce mortality due to ARI, standardized pneumonia treatment has been promoted among the medical establishment, and antimicrobial drugs have been supplied to health centres and community health workers (CHWs). A national educational campaign against pneumonia, carried out since 1994, stresses early detection and timely referral. Based on the Bamako Initiative, 341 community pharmacies and three regional essential drugs warehouses were established to increase access to generic drugs. This successful pilot experience led the Ministry of Health to expand coverage nationwide; currently, 3,934 health centres participate in pharmacy programmes co-managed by communities. More than 1,200 midwives were trained in the use of the clean childbirth delivery kit, and 30,000 kits have been distributed. The country's 70 largest maternity wards were certified as "baby-friendly".

15. For the elimination of IDD, UNICEF assisted with the establishment of 45 small and mid-sized iodized salt production plants. UNICEF support to the Ministry of Education in carrying out the national height census resulted in the use of poverty maps, for example, to guide social investment, including supplementary food assistance. Additionally, 850 community kitchens were equipped and volunteer women were trained in proper child feeding; 28,000 children under the age of three years who attend the Wawa Wasi (home of children) day-care centres received three meals a day.

16. The water supply and sanitation programme lacked supplementary contributions to implement all planned activities. Nevertheless, the programme organized three self-managed water supply associations which gave access to safe water to 2,000 families in Lima. In Andean rural areas, 198 safe water systems were built, and community water associations were organized and trained in maintenance and hygiene practices.

17. UNICEF provided technical assistance to support the Ministry of Education collaboration with the World Bank and the Inter-American Development Bank (IDB) in primary and preschool education, as well as to support teacher training and other quality of education activities. A tránsito a la primaria (moving to school) primary school project to help make the primary curriculum and teaching styles more responsive to the needs of young children was implemented in 806 first grade classrooms; by 1995, the training had covered 9,000 rural teachers. A learning assessment system to monitor children's achievements also has been developed.

18. The Wawa Wasi day-care project, financed by IDB with UNICEF technical support, has established 6,500 home-based day-care centres serving 52,000 children aged six months to three years throughout Peru. About 6,500 mothers have been trained as caregivers. The Wawa Wasi project helps working parents by providing access to safe proper day-care services which include three meals a day, early stimulation and health monitoring at nearby health centres. The project also generates income for the mother caregivers who work in their homes.

19. Literacy materials have been developed based on Facts for Life. Over 1,450 literacy agents have been trained. In the Chanka subregion model project, female illiteracy decreased from 52 per cent in 1993 to 37 per cent in 1995. Networks of women's community groups, churches, local governments, non-governmental organizations (NGOs) and local mass media have helped to disseminate Facts for Life messages in 14 departments. The project provided basic reading materials, and 500 mini-libraries, known as Facts for Life information resource centres, were established.

20. UNICEF provided technical and financial support to the national commission that drafted the new CCA. Efforts have focused on adapting legislation and public institutions to the new CCA. Fifty-six Children and Adolescents' Courts and a Family Tribunal in the Supreme Court have been established. Eighty judges, court members and district attorneys, as well as 25,000 police officers, have been trained in the CCA. Defensorías del Niño y el Adolescente (Children's and Adolescents' Defense Committees) are being created in communities. Advocacy activities with the Instituto Nacional de Bienestar de la Familia (INABIF) (National Institute for Family Well-being) helped to improve services for children accused of delinquency. Fifteen "Right to a Name" registration campaigns were held. A National Week for the Rights of the Child was established by law in 1991; it is used to assess NPA achievements and to promote the Convention on the Rights of the Child and implementation of the CCA.

21. INABIF also received technical assistance to implement an IDB-funded street educator project for working children and street children. Results include access to school and health services for 1,200 children and support for their reintegration with their families through referral centres and the work of street educators. UNICEF also has provided assistance to set up shelters and to train schoolteachers, health care workers and promoters in psychological care for children who are victims of armed conflict in Ayacucho.

22. The Programa de la Région Andina (PROANDES) (Andean subregional programme on poverty) supported local government capacity-building and the provision of basic integrated services in 450 rural communities of Cajamarca, Cusco and Apurimac, three of the poorest departments in the country. Service delivery included health, education, safe water systems and sanitation facilities, nutrition education and revolving loan funds to improve food security. PROANDES developed bilingual textbooks and guides and basic educational supplies for 510 classrooms. The Amazon programme focused on sustainable community-based development methodologies in the basin areas.

Lessons learned

23. Although UNICEF advocacy addresses a wide range of problems, support to programme activities had to become more selective and strategic to achieve major benefits for children and women. For example, a strategic choice in nutrition was to concentrate on achievement and sustainability of universal salt iodization, a shift in the strategy from the control of endemic goitre. In water supply and sanitation, the mid-term review led to a sharper focus on hygiene education and communication in urban areas, rather than on water supply

infrastructure owing to opportunities to collaborate with the World Bank and IDB. In programme operations, the number of partner agencies had to be streamlined to improve monitoring and financial control, and the advancing of funds to the Government was decentralized to improve timely support to planned activities.

24. It is important to foster government institutions' sense of ownership and pride in the achievement of the mid-decade goals. It is equally important that the contributions of UNICEF partners be recognized. The work of the intersectoral committee for the Peru/UNICEF programme of cooperation has helped to serve this need.

25. UNICEF has cooperated to develop important demonstration models to respond to high priority needs, e.g., co-managed pharmacies. However, in order to promote their adoption at the national level, they should be more effectively monitored, documented and used as catalysts to mobilize other resources. A positive example is a $6.3 million IDB non-reimbursable contribution for the Wawa Wasi day-care programme, Facts for Life and street educators projects. However, new demonstration approaches to improve safe motherhood and reduce child malnutrition require special efforts and innovation. For example, training activities in child survival and rearing practices were targeted to women's community organizations. An evaluation revealed that women complained of having been overburdened and they recognized the lack of male participation as a severe constraint.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

General resources : $ 5,380,000
Supplementary funding : $40,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Social policies	780	3 000	3 780
Child protection	240	9 000	9 240
Basic education	1 040	15 000	16 040
Health and nutrition	1 560	13 000	14 560
Programme support	1 760	-	1 760
Total	5 380	40 000	45 380

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there also are funded supplementary funding projects shown in table 3.

26. The Government of Peru and UNICEF organized strategy, preview and review meetings to prepare the new programme. Throughout the process, governmental institutions, NGOs, local municipalities, the Catholic Church, private sector and women's grass-roots organizations, as well as other United Nations agencies and bilateral donors, participated actively.

Programme objectives

27. The Government of Peru updated the NPA to incorporate the year 2000 goals in line with the NPRS which focuses on improving employment and household income as well as nutrition and health conditions of high-risk groups; and enhancing the quality and efficiency of the health, education and the judiciary systems.

28. The framework of the new country programme is to assist Peru in implementing the CCA and achieving and sustaining the NPA goals. As UNICEF resources are modest, activities are aimed at creating a powerful attraction to other resources - both national and international - and generating nationwide coverage from demonstration models with the use of these other resources.

29. The Convention on the Rights of the Child provides an ethical framework for the country programme, which is structured to support national, community and family efforts to promote and implement the rights of Peruvian children and women to survival, development, participation and protection. Other key references are the Convention on the Elimination of All Forms of Discrimination Against Women, the approved plans of action and resolutions from the International Conference on Population and Development, the World Summit for Social Development and the Fourth World Conference on Women.

30. The strategy mix proposed includes institutional capacity-building to ensure the appropriate management of increasing public investment; empowerment, particularly of women's community organizations, to strengthen community participation; and advocacy and social communication to reinforce partnerships in favour of the rights of the child. The delivery of basic services is limited to introducing new models for reducing disparities in locations where state intervention is weak. Complementary strategic lines of action include intersectoral and inter-agency cooperation and support to the decentralization process. UNICEF will continue to play an important role in linking public institutions with NGOs and communities to effectively promote and implement the rights of the child. To prevent too wide a dispersion of project resources, the design and implementation of innovative cross-cutting strategic components will address basic and underlying causes hindering the survival, development, protection and participation of Peruvian women and children.

31. The PROANDES and Amazonian programmes are part of the Peru country programme, but because of their multi-country character, they are presented as separate, subregional recommendations to the Executive Board.

Social policies

32. This programme comprises two projects: planning and monitoring; and social mobilization. The first project will support the Government in the formulation of social policies and improve public investment with respect to management and efficiency. The strategy will focus on technical assistance to produce, analyse and disseminate social statistics on children and women which will help to orient government investment and build consensus on policies between the private and public sectors. UNICEF will assist the national household and health and demographic surveys, and the publishing of "The State of Peruvian Children and Women" annually. UNICEF also will provide technical

assistance to the Ministry of Justice Commission on Women's Rights to strengthen coordinating capacities. Advocacy on social policy formulation and implementation with National Congress and opinion leaders will continue. The project will help to develop a decentralization model by strengthening the four provincial plans of action being implemented in Cajamarca, Trujillo, Arequipa and Cusco, and expanding this activity to another five departments in the first two years. Depending on the mid-term evaluation and the availability of funds, this activity could be expanded to cover every department.

33. Social mobilization will continue to encourage strategic partnerships which will promote the principle of "Children First", particularly to stimulate demand for implementation of social policies and sustainability. The mobilization network will involve NGOs, churches and children's parliaments; the mass media and alternative communications networks; and a fund-raising network. Leading advertising agencies will continue to disseminate educational information and carry out mass media campaigns to support achievement of the decade goals. Workshops will be organized for artists, scriptwriters and radio commentators on issues related to child and youth rights. Communication skills of women groups' will be enhanced to disseminate Facts for Life/Facts for Nutrition messages. The National Week of the Rights of the Child will continue to be a central event for social mobilization. This project will help to design and implement appropriate communication strategies to directly support country programme activities, local fund-raising and UNICEF product sales.

Child protection

34. The programme has two projects: Convention on the Rights of the Child/CCA implementation; and children in especially difficult circumstances (CEDC). The first project will help to prepare governmental institutions to implement the CCA. The Government has established a new institution within the Ministry of the Presidency to be responsible for coordinating and monitoring the effective implementation of the CCA. During the first two years of project implementation technical assistance will be provided to strengthen its operational capacities. Capacity-building also will serve other key public institutions responsible for the administration of justice and protection of children and adolescents; technical assistance and materials will support ongoing training activities for judges, court members, district attorneys and police forces. Universities will introduce studies on the CCA in law and social work schools. To promote community empowerment and participation, 400 defensorías (local child protection groups) will be established in coordination with the Catholic Church, local governments, NGOs and women's community organizations. As a follow-up to the observations of the Committee on the Rights of the Child, specific mass and local media campaigns will promote the right to a name and a nationality, and encourage birth registration of 250,000 children who do not yet enjoy this right.

35. The CEDC project will advocate for the formulation of legal norms to forbid children under the age of 12 years from working, and for services to protect and guide adolescent workers. A first step, together with the International Labour Organisation (ILO), will provide technical assistance to the Ministry of Education, INABIF and NGOs to develop services for street children and working children and adolescents exposed to hazardous and exploitative labour. Priority services will be street educators, temporary shelters, and legal and health services. In collaboration with the Ministry of Education, "child-friendly school" and "school for life" initiatives will provide a "second chance" basic education for youth. Studies on rural children's work and girls working as domestic help will be carried out. In order to properly diagnose and care for maltreated and abused children, special

services will be established in 32 hospitals in coordination with the Ministry of Health and PAHO/WHO. Likewise, health workers will be trained in the identification, care and referral of abused children, and a referral network will be established between the defensorias and the district attorneys' offices. The demonstration project implemented in Ayacucho to assist child victims of armed conflicts will be expanded to two south Andean cities (Andahuaylas and Abancay) and to displaced native Ashaninka populations.

Basic education

36. The objective in the education programme, which is being financed by multilateral and bilateral resources, is to support the Ministry of Education programme to improve the quality of education. UNICEF will assist four projects: national alliance for EFA; primary education; early childhood development (ECD); and Facts for Life/Facts for Nutrition. The first project will help to develop a national consensus on policies to improve the quality and equity of the educational system. UNICEF will help to establish an effective communication channel between civil society and the Government. Representatives of the Ministry of Education, universities, teaching institutes, NGOs and other concerned groups will address critical issues regarding EFA such as school failure, bilingual education, readmission of adolescents into primary school and services for disabled children. Children and adolescents will be able to voice their opinions on these issues through student councils, surveys and bulletin boards. The results will be disseminated to Ministry of Education representatives, the academic community, 15,000 school principals, opinion leaders and schoolchildren themselves so as to influence investment decisions in basic education by the Ministry and multi-bilateral financial institutions.

37. The primary education project will develop the capacity to replicate the Ministry of Education/UNICEF demonstrative experience on transit to primary school by developing management models for urban and rural areas, which involves reform supported by the World Bank, among others. The project will implement a "child-friendly school" initiative for 3,000 primary schools in 10 poor provinces. The strategy includes children's participation through student councils and community control of quality education; an inter-active methodology to raise learning achievements; and the provision of safe water and sanitation facilities, among other components. UNICEF will assist with the supply of basic teaching aids; training of principals and teachers in teaching and learning methodologies; and local administrative support and monitoring. Bilingual and culturally appropriate educational materials will be supplied, and the training of multigrade school teachers will cover indigenous schools in the PROANDES and the subregional Amazon areas. A "school for life" initiative will serve 25,000 poor, urban adolescents, especially girls, who need primary education. A self-learning programme for these youngsters will be designed and implemented in the selected schools. Project monitoring will focus on learning assessment of achievement.

38. The ECD project will sustain the ongoing Wawa Wasi project and the Ministry of Education, with an IDB loan, will expand coverage to 20,000 homes. UNICEF will help to encourage participation of parents' associations in the management of Wawa Wasi; promote private fund-raising for small revolving funds to subsidize services for poor children; and train day-care mothers and preschool teachers in prevention, early detection and timely referral of preventable disabilities. Demonstration activities will take place in urban markets of Cusco, Trujillo and Lima and PROANDES rural areas. A "father initiative" will be implemented to promote the participation of fathers in child care and development, and will produce and disseminate educational materials on family child-rearing practices.

39. A project on Facts for Life/Facts for Nutrition will assist women from low-income families to acquire a minimum level of skills and knowledge. Some 20,000 women's community organizations will disseminate basic Facts for Life/Facts for Nutrition messages. These organizations will be joined with the adult basic education system and partnerships will be established with schools, churches and NGOs to develop 1,000 Facts for Life/Facts for Nutrition information resource centres which provide training and educational materials and supplies. Also, a "youth education for development" initiative will facilitate the participation of adolescents in ECD and preschool activities. Youth will have an opportunity to exchange experiences with other groups, promote responsible sexual behaviour and foster sound attitudes for their future parental responsibilities.

Health and nutrition

40. The programme will support sustainable achievement of the decade goals to reduce IMR and U5MR by one third; to halve MMR; and to halve severe and moderate malnutrition in children under five years of age, with respect to 1990 levels. The initiative is consistent with the national programmes and projects financed by the Public Treasury, the World Bank, IDB and USAID. The main strategies include technical assistance to enhance capacity-building for improved management of financial resources; community participation in health services management to improve access, quality and use of services; development, at the household level, of a health culture for self-care to prevent and treat the most common diseases; and social communication and mobilization.

41. Health services management and essential drugs are designed to improve access to and the quality of services at 300 health centres in seven subregions where essential drugs warehouses and 300 co-managed community pharmacies with revolving funds will be established. A computerized system will monitor stock, sales and cash flow of the revolving fund. Health personnel will be trained to properly use the health services management analysis methodology. An integrated in-service, self-teaching child survival module on ARI, the control of diarrhoeal diseases (CDD), immunization, breast-feeding and growth monitoring for health personnel and CHWs will be designed and implemented. Experiences gained from these subregions will help the Ministry of Health to improve management capacity in other subregions. At the central level, UNICEF will support the National Essential Drugs Office with technical assistance for implementation of the National Essential Drugs Policy. The Supply Division warehouse at Copenhagen will procure approximately $4 million in essential drugs on behalf of the Government, and local production of generic drugs will be encouraged with the private sector industry.

42. The child survival project will support increasing coverage of the expanded programme on immunization (EPI) to 95 per cent for infants and reducing to one third the number of districts with coverage under 50 per cent; sustaining polio eradication; eliminating neonatal tetanus; reducing deaths due to measles by 95 per cent and morbidity by 90 per cent; ensuring that 80 per cent of children under five years old with diarrhoea are treated properly in health services and that 80 per cent of households use ORT with feeding; ensuring that 60 per cent of children under five years old receive standardized ARI treatment in health services; and increasing to 80 per cent the households capable of recognizing pneumonia symptoms and effecting timely referral of cases. Regular EPI will implement the strategy of lost opportunities in health centres, and three national vaccination days will be held annually, promoted by social mobilization through mass and alternative media. A nationwide measles initiative is scheduled for 1998, and outreach brigades will be organized to vaccinate women of child-bearing age against tetanus in 100 high-risk districts.

CDD activities comprise the establishment and maintenance of community and institutional oral rehydration unit networks by supplying training materials, basic equipment and ORS. The private sector will be encouraged to produce ORS, and raw materials will be procured by the Ministry of Health to ensure its supply. ARI control will be strengthened by providing health centres in priority rural areas with antimicrobial drugs and by training medical doctors and health promoters to recognize pneumonia symptoms and to use standardized treatment.

43. The safe motherhood project will help to implement the Ministry of Health national plan to reduce maternal mortality, in a joint effort with PAHO/WHO, USAID and the United Nations Population Fund (UNFPA). The "ten steps to safe motherhood" initiative will be developed in the 70 maternity wards already certified as mother-/baby-friendly to promote safe delivery for mothers and babies. Health centres will train and supervise 2,000 traditional midwives in the detection of high-risk pregnancies and timely referral, as well as in the use of clean birth kits in PROANDES and Amazon rural areas. Three casas de espera (birthing houses) will be implemented as demonstration models for high-risk pregnancies. This experience will be evaluated to expand it to other areas. An educational package, involving close coordination with the Ministries of Health and Education and the women's community organizations, will be designed for the prevention of teenage pregnancy, AIDS and other sexually transmitted diseases.

44. The new country programme as a whole is aimed at helping to break the vicious cycle of infection and malnutrition. Thus, the nutrition project will comprise four components: food security development; chronic malnutrition monitoring; Facts for Nutrition; and the control of micronutrient deficiencies. Technical assistance will be provided and advocacy will focus on the formulation and implementation of national food security policies. UNICEF will focus its support on the formulation of programmes for children under three years of age, girls and women. Technical and financial support will be provided in the implementation of the second national schoolchildren height census in 1998, which will monitor chronic malnutrition to guide social development investments. A child growth monitoring and promotion system will cover children under three years of age who attend the Wawa Wasi day-care services.

45. The development of an innovative communication strategy should improve feeding practices and assist in designing Facts for Nutrition educational materials. The project also will help to sustain achievement of universal salt iodization, and the Ministry of Agriculture will promote the use of iodized salt for animals as well. Technical assistance will be provided to salt producers in management, consumer education activities will continue and iodized salt quality and iodine levels in urine excretion sampling will be monitored. In coordination with concerned government agencies, alternative ways to fortify foods with vitamin A and iron will be sought. In priority health subregions, children under the age of five years and lactating women will receive vitamin A capsules and pregnant women will be given iron supplements.

Collaboration with other agencies

46. The country programme is complementary to and in collaboration with other United Nations agencies, bilateral cooperation agencies and international and local NGOs. In particular, country programme activities complement PAHO/WHO, UNFPA, Rotary International and USAID in health and nutrition programmes; ILO activities in its efforts to eliminate child labour; the World Food Programme and the European Union support for ECD and preschool supplementary feeding programmes; World Bank support for education, social policies and health; IDB

support to education and social policies; and the bilateral programmes of Canada and Switzerland, among others.

Monitoring and evaluation

47. The country programme will be subject to a comprehensive annual and mid-term review, with the leadership of the Government and participation of all partners. Each programme and project includes a built-in monitoring component, as well as an annual research and evaluation plan. UNICEF will collaborate in strengthening governmental and non-governmental social information systems to monitor progress in achieving the NPA goals for 2000. UNICEF also will provide technical assistance to the national household and health and demographic surveys in order to include relevant topics related to children and gender issues. Cost-effectiveness and the impact of mass and alternative media campaigns will be evaluated to strengthen the communication strategy. The country programme also will develop a methodology to incorporate public opinion, particularly children and adolescents' voices, into the monitoring and evaluation processes.

Funding strategy

48. The strategy for raising supplementary funds is based on the preparation of sound programmes and projects with achievable and measurable objectives. Experience gained in fund-raising for the current programme of cooperation will help in raising supplementary funds.

Programme management

49. The new programme of cooperation continues the role of UNICEF assistance in Peru, but there is an increased emphasis on capacity-building at national and local levels. To strengthen operational and management capacities, the UNICEF office structure will include four major clusters reporting to the representative: programme; operations; information and communications; and private sector fund-raising/greeting cards.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Peru	(1994 and earlier years)		UNICEF country classification
Under-five mortality rate	58	(1994)	Middle U5MR
Infant mortality rate	41	(1994)	Middle IMR
GNP per capita	$ 1890	(1994)	Middle-income GNP
Total population	23.3 million	(1994)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1994
Births	(thousands)	556	628	609	627
Infant deaths (under 1)	(thousands)	65	57	31	25
Under-five deaths	(thousands)	101	82	45	36
Under-five mortality rate (per 1,000 live births)		181	130	74	58
Infant mortality rate (under 1) (per 1,000 live births)		118	90	52	41

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1984/1992)	Moderate & severe	13	11
	Severe	2	2
Babies with low birth weight (%, 1982/1990)		9	11
Primary school children reaching grade 5 (%)		..	..

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1986/1992)	32	40
Timely complementary feeding rate (6-9 mos.) (%, 1986/1992)	49	62
Continued breast-feeding rate (20-23 mos.) (%, 1986/1992)	39	36
Prevalence of wasting (0-59 mos.) (%, 1984/1992)	1	1
Prevalence of stunting (0-59 mos.) (%, 1984/1992)	36	37
Daily per capita calorie supply (% of requirements, 1979-1981/1988-1990)	92	87
Total goitre rate (1987)	..	36
Household expenditure (% of total income, 1980 or 1985) — All food/cereals	..	35 / 8

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1988/1994)		10	62
Access to health services (% of population, 1980)	Total	75	..
	Urban/rural	.. / ..	.. / ..
Access to safe water (% of population, 1980/1993)	Total	49	72
	Urban/rural	67 / 15	75 / 18
Access to adequate sanitation (% of population, 1985/1993)	Total	50	60
	Urban/rural	67 / 12	58 / 25
Births attended by trained personnel (%, 1987/1992)		78	52
Maternal mortality rate (per 100,000 live births, 1983/1990)		300	280

Immunization		1981	1985	1990	1994
One-year-olds (%) immunized against:	Tuberculosis	63	70	83	91
	DPT	18	48	72	87
	Polio	18	47	73	87
	Measles	24	53	64	75
Pregnant women (%) immunized against:	Tetanus	4	8	12	44

TABLE 1 (continued)

Peru

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1993)	Total	114 / 86	119 / 88
	Male	117 / ..	.. / ..
	Female	111 / ..	.. / ..
Secondary enrolment ratio (gross/net) (%, 1980/1993)	Total	59 / ..	65 / 46
	Male	63 / ..	.. / ..
	Female	54 / ..	.. / ..
Adult literacy rate, 15 years & older (%, 1981/1995)	Total	82	89
	Male/female	90 / 74	95 / 83
Radio/television sets (per 1,000 population, 1980/1992)		159 / 52	254 / 98

DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	13193	17321	21588	23331	26082
Population aged 0-15 years	(thousands)	6097	7651	8541	8840	9089
Population aged 0-4 years	(thousands)	2261	2718	2777	2853	2992
Urban population (% of total)		51.3	59.2	65.3	67.3	70.2
Life expectancy at birth (years)	Total	54	59	65	66	68
	Male	52	57	63	65	66
	Female	55	61	66	68	70
Total fertility rate		6.3	5.0	3.6	3.3	3.0
Crude birth rate (per 1,000 population)		42	36	28	27	25
Crude death rate (per 1,000 population)		14	11	8	7	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978/1992))		33	59
Population annual growth rate (%, 1965-1980/1980-1994)	Total	2.7	2.1
	Urban	4.2	2.9

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1993)		0.8	-2.7
Inflation rate (%, 1970-1980/1980-1993)		30	316
Population in absolute poverty (%, 1986)	Urban/rural	.. / ..	46 / 83
Household income share (%, 1985)	Top 20%/bottom 40%	.. / ..	51 / 14
Government expenditure (% of total expenditure, 1980/1990)	Health/education	5 / 11	5 / 16
	Defence	13	11
Household expenditure (% share of total, 1980 or 1985)	Health/education	.. / ..	4 / 6
Official development assistance: (1980/1993)	$US millions	203	560
	As % of GNP	1	2
Debt service (% of goods and services exports, 1980/1993)		31	39

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1995 a/

COUNTRY: PERU
LATEST BOARD APPROVAL: 1992
GENERAL RESOURCES: $7 450 000

(In thousands of United States dollars)

Programme sector/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	206	848	501	584	505	44	3 226	3 274	4 438	2 916	4 750	12 120	9 188	15 036
Nutrition	151	314	65	105	130		794	1 007	1 140	750	1 426	7 133	2 566	7 883
Water supply and sanitation	24	593	16	51	37	249	348	1 714	425	610	2 607	10 570	3 032	11 180
Education	27	2 035	47	1 427	227	335	207	2 110	508	610	5 907	6 502	6 415	7 112
Children in especially difficult circumstances	10	333	5	433	115	393	145	1 955	275	340	3 114	3 086	3 389	3 426
Planning and social statistics	4	150	21	252	186	422	1 363	1 433	1 574	589	2 257	1 615	3 831	2 204
Programme support	8				1 445		443		1 896	1 635			1 896	1 635
Emergency	42	64				1	54	15	96		80	117	176	117
GRAND TOTAL	472	4 337	655	2 852	2 645	1 444	6 580	11 508	10 352 b/	7 450	20 141	41 143	30 493	48 593

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.

a/ Actual expenditure includes expenditure recorded as at closure 10 of 21 December 1995.

b/ Including expenditures from global fund and Special Adjustment Facility for Latin America and the Caribbean.

/...

TABLE 3. PLANNED EXPENDITURE, 1996 - 2000

(In thousands of United States dollars)

Country: PERU Period covered: 1996 - 2000	Funding status	1996	1997	1998	1999	2000	Total
Social policies	GR	240	140	140	130	130	780
	NSF	600	600	600	600	600	3 000
Child protection	GR	110	50	40	30	10	240
	NSF	1 800	1 800	1 800	1 800	1 800	9 000
Basic education	GR	320	220	180	160	160	1 040
	FSF	470					470
	NSF	3 000	3 000	3 000	3 000	3 000	15 000
Health and nutrition	GR	320	290	300	320	330	1 560
	FSF	535					535
	NSF	2 600	2 600	2 600	2 600	2 600	13 000
Programme support	GR	370	320	340	360	370	1 760
TOTAL	GR	1 360	1 020	1 000	1 000	1 000	5 380
	FSF	1 005					1 005
	NSF	8 000	8 000	8 000	8 000	8 000	40 000
GRAND TOTAL		10 365	9 020	9 000	9 000	9 000	46 385

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PERU

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1996-2000 (In thousands of US dollars)				POSTS a/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L.7	D1/L.6	P/L.5	P/L.4	P/L.3	P/L.2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Social policies	780			780								1		1		567	567
Child protection	240			240													
Basic education	1 040			1 040								1	1	2		719	719
Health and nutrition	1 560			1 560				1			1	1	1	3	707	781	1 488
Programme support	1 760			1 760								2	3	5		1 706	1 706
TOTAL GR	5 380			5 380				1			1	5	5	11	707	3 773	4 480
SUPPLEMENTARY FUNDING:																	
Social policies			3 000	3 000									1	1		152	152
Child protection			9 000	9 000									2	2		414	414
Basic education		470	15 000	15 470								1	3	4		1 174	1 174
Health and nutrition		535	13 000	13 535								1	1	2		892	892
Integrated area-based programme d/			10 000	10 000								4	2	6		2 251	2 251
TOTAL SF		1 005	50 000	51 005								6	9	15		4 883	4 883
TOTAL GR & SF				56 385				1			1	11	14	26	707	8 656	9 363
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed, 1996-2000)	Operating costs			2 055													
	Staffing b/			5 957			1	1			2	3	11	16	1 485	4 472	5 957
GRAND TOTAL (GR + SF + ADM)							1	2			3	14	25	42			
	Number of posts and staff costs:																
	- At the beginning of previous programme (1992)										5	21	26	52	N/A	N/A	N/A
	- At the beginning of proposed programme (1996)										3	14	25	42	N/A	N/A	N/A
	- At the end of proposed programme (2000) (Indicative only)										3	14	25	42	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective as of 1 January 1996.

c/ Project posts and core posts are funded for five years.

d/ The budget for this programme has been approved by the Executive Board in 1993 (E/ICEF/1993/P/L.28), this is presented in the table to reflect the staffing charged to this budget.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.